

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/485441

FILING DATE

APPLICANT(S)

Park Acqy

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.	13	↔	↔	↔		
TOTAL CLAIMS	17	████	████	████	████	████

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TOTAL IND.				↔	↔	↔		
TOTAL DEP.				↔	↔	↔		
TOTAL CLAIMS				████	████	████	████	████